

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

5905

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1			/							
2			/							
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50										
Total Indep			3							
Total Depend			24							
Total Claims			27							